

## Children, Youth and Women Sensitive Planning and Budgeting in Kenya: Kilifi County Brief, 2014/15-2017/18



County Government of Kilifi

### KEY HIGHLIGHTS OF THE BRIEF

This brief provides an analysis of how the County Government of **Kilifi** plans and budgets for the needs of children, youth and women. The analysis focused on social sector (health, education, water and sanitation, social services, and nutrition) budgets for the period 2014/15-2017/18. The analysis was based on budget information collected from the Controller of Budget, county policy documents as well as face-to-face interviews with relevant county stakeholders. The key highlights from the analysis are summarized below:

- a) **Kilifi county's economy was largely driven by the service sector that contributed to 54 per cent of the Gross County Product (GCP)<sup>1</sup> and accounted for 1.5 per cent of the total national GDP as of 2017, ranking 20th among the 47 counties in terms of contribution to GDP.** The county needs to continue supporting and investing in the growth of industries, encouraging tourism, promoting trade, enhancing marketing of their agricultural produce and promoting value addition by creating an enabling business environment to attract more investments in the sectors as well as investing in enhancing farmers' capacities in modern agricultural methods, extension services, agribusiness and research.
- b) **The county's own source revenue decreased marginally from Ksh 0.62 to Ksh 0.52 billion between 2016/17 and 2017/18.** However, as a share of total revenue, the county's own source revenue declined from 7.7 per cent in 2014/15 to 4.5 per cent in 2017/18. Overall, total county revenue increased from Ksh 6.9 Billion in 2014/15 to Ksh 9.3 billion in 2016/17 before a moderate cut to Ksh 8.6 billion 2017/18 mainly because of the equitable transfers. To improve the share of its own source revenue, the county should enhance the capacity for own source revenue forecasting and analysis and strengthen measures for tax collection and management.
- c) **The county health expenditure increased from Ksh 1.9 billion in 2014/15 to Ksh 2.9 billion in 2017/18. Maternal and child health outcomes improved, but the rate of child immunization (75.4%) remained below the national average of 77.0 per cent in 2018.** The number of women who had access to skilled birth attendant delivery increased from 46.3 per cent in 2017 to 69.4 per cent in 2018. This is largely because of the introduction of free maternity services in 2013. However, the share of fully immunized children in the county declined from 92.3 per cent in 2015 to 75.4 per cent in 2018. To reverse this latter trend, the county should prioritize investments in immunization.
- d) **The budget for Early Childhood Development Education (ECDE) decreased from Ksh 1.8 billion in 2016/17 to Ksh 1.3 billion in 2017/18.** The gross ECDE enrolment rate in the county went up from 81.2 per cent in 2014 to 127.1 per cent in 2018 while net enrolment rate (NER) decreased from 79.0 per cent to 64.7 per cent during the same period. Looking forward, the challenge for the county is to ensure equitable distribution and effective utilization of available resources. In addition, the county should ring-fence ECDE resources<sup>2</sup> so that they are not used for other purposes such as secondary and higher education bursaries.
- e) **Total spending in water and sanitation improved from Ksh 0.3 billion in 2014/15 to Ksh 1.1 billion in 2016/17 and declined to Ksh 0.9 billion in 2017/18.** Non-revenue water increased by 1 per cent from 39 per cent in 2014 to 40 per cent in 2018. However, the county needs to invest more in the sector's infrastructure to gain from the water utility revenue that will enhance water service delivery and in meeting operations and maintenance costs.
- f) **The county's expenditure on child protection, youth and women fluctuated over the review period, decreasing from Ksh 0.08 billion in 2014/15 to lowest of Ksh 0.03 billion in 2015/16 and increased to Ksh 0.05 billion in 2016/17.** This was an under-investment given that this segment of the population is the most vulnerable and hence the need to prioritize the sector in future allocations.

- g) **The county only committed Ksh 209 million in 2016/17 and Ksh 286 million in 2017/18 interventions, which directly contribute to boosting child nutrition, at a time when more than a third (39%) of the children were stunted.** The county should ensure that direct nutrition interventions across several sectors such as agriculture, education and health are budgeted for, with visible budget lines. Moreover, nutrition should be well articulated in the County Integrated Development Plans.
- h) **The budget execution rates for the ECDE, water and sanitation sector, child protection, youth and women and nutrition were relatively low.** The highest WASH absorption rate recorded was 76 per cent between 2015/16 and 2017/18 while child protection, youth and women recorded absorption rates of 46 per cent in 2017/18. The low budget execution rate was partly because approved budgets were not released in time by the National Treasury, and weak procurement and cash flow planning by the county. To improve budget utilization rates, there is need for the National Treasury to adhere to disbursement schedules by releasing resources on time. On its part, the county should strengthen procurement systems and improve cash flow forecasting.
- i) **Due to limited disaggregation of data in expenditure reports, it was not possible to establish how much of the county government budget was spent on crucial social services such as child protection, youth development, disability and gender mainstreaming.** By having standalone budget lines on the above, the county is better placed to effectively deliver the above-mentioned services, especially to women and girls. On child protection, for example, the county recorded an increase in the number of reported cases of child neglect and abandonment from 2 in 2014 to 4,856 cases in 2018, yet there is no specific budget line for this. The same also applies to gender-based violence, which has increased in recent years.

## 1. COUNTY OVERVIEW

**Kilifi county** occupies a land area of approximately 12,610 km<sup>2</sup> and is divided into 7 sub-counties and 35 wards. The county's population is 1,453,787, representing 3.1 per cent of the national population. The total county population is constituted of 704,089 males, 749,673 females, and 25 intersex.

**In 2015/16, the overall poverty rate of the county was 46.4 per cent with 7 per cent living in extreme poverty, against overall national rates of 36.1 per cent and 8.6 per cent, respectively.** Among children, more than half were affected by monetary poverty or lack of financial means,<sup>3</sup> which further affected 38.5 per cent of youth and 42.2 per cent of women. Additionally, 52.5 per cent of children were living in multidimensional poverty; that is, being deprived in multiple dimensions including nutrition, health care, education, housing and drinking water,<sup>4</sup> while youth and women recording 60.5 per cent and 65.3 per cent multidimensional poverty rate, respectively. The overall high rates of poverty, especially among women and younger populations, implies that planning and budgeting processes should better consider human capital sectors so that the county can maximize the productive and innovative potential of its future workforce, considering gender equity and initiate a fast and sustainable growth trajectory.

**Table 1: Kilifi county administrative, poverty and demographic profile**

Administrative Profile							Latest Available
Area (km <sup>2</sup> )							12,610
Number of sub-counties							7
Number of wards							35
Overall poverty (%)							46%
Extreme poverty (%)							7.0%
Population (2019)							1,453,787
Group	Children	National Children	Youths	National Youths	Wo/men	National Wo/men	
Monetary Poor							
Male (%)	54.1	42.1	39.2	29.1	27.4	30.5	
Female (%)	52.8	41.0	38.1	28.8	42.2	34.1	
Total (%)	53.4%	41.6%	38.5	28.9	36.6	32.4	
Population	693,980	20,742,290	367,930	13,443,268	223,761	7,847,350	
Multidimensionally Poor							
Male (%)	54.9	49.3	52.2	44.7	51.4	51.0	
Female (%)	50.4	47.1	66.9	49.4	65.3	60.8	
Total (%)	52.5	48.2	60.5	47.1	58.8	56.1	
Population	693,980	20,742,290	367,930	13,443,268	223,761	7,847,350	

Source: Kenya National Bureau of Statistics (2018)

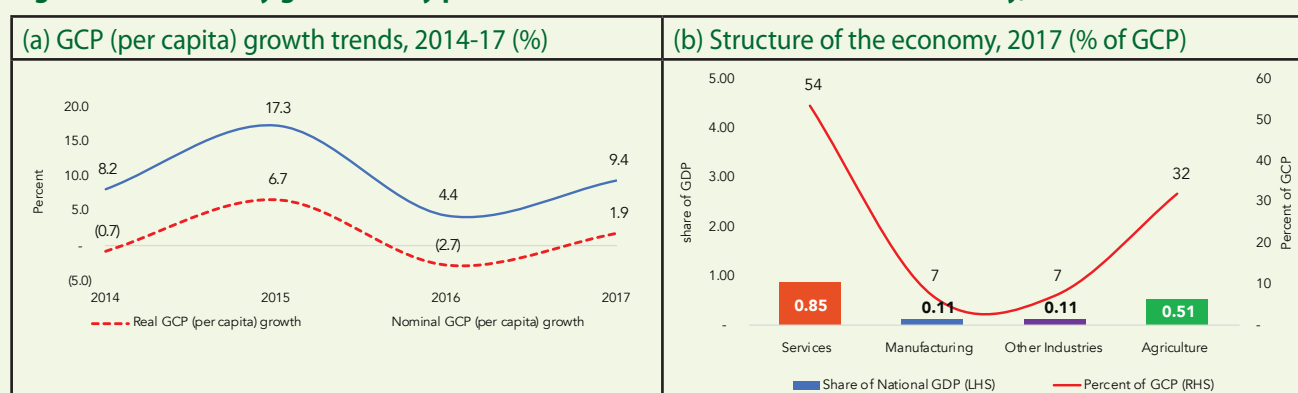
## 2. STATE OF COUNTY ECONOMY

### 2.1 Gross County Product Growth

**Kilifi county accounted for 1.6 per cent of the national GDP in 2017.** In real per capita terms, the economy recovered from a contraction of 0.7 per cent in 2014 and expanded to 6.7 per cent in 2015 before contracting to 2.7 per cent in 2016. However, the economy recovered and expanded to 1.9 per cent in 2017 (Figure 1a).

**The economy was mainly reliant on the services sector (54%) and agricultural sectors (32%) that accounted for 86 per cent of the GCP.** Manufacturing and other industries, including agro-based industries and mining contributed 7 per cent each to the GCP (Figure 1b). As of 2017, Kilifi county ranked 20<sup>th</sup> among the 47 counties in terms of national GDP contribution, which was 1.6 per cent. This trend calls for diversification to manufacturing and other industries/sectors while enhancing the performance of the agricultural and services sub-sectors as they are key drivers of job creation for youths and women. To increase agricultural productivity and the participation of women and youth within the sector, the county should put in place mechanisms that will reduce the cost of farming, enhance the marketing of agricultural produce and promote agricultural value chains. This can be done through developing infrastructure and enhancing farmers' capacities in modern agricultural methods, extension services, agribusiness and research. Also, the county needs to create a business environment that will attract and retain investments in manufacturing/industry by enacting laws and regulations.

**Figure 1: Kilifi County gross county product and economic structure of Kilifi County, 2014-17**

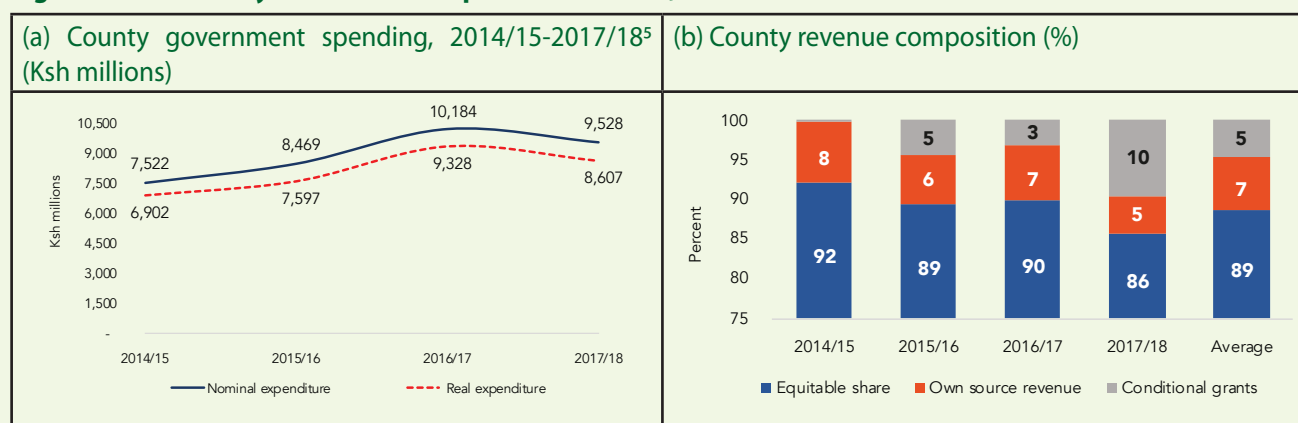


Source: KNBS (2019) Statistics

### 2.2 Overall Budget Performance

**The county government annual spending grew from Ksh 6.9 billion to Ksh 9.3 billion between 2014/15 and 2016/17, before a moderate cut to Ksh 8.6 billion 2017/18 (Figure 2a).** The effect of inflation accounted for, on average, Ksh 672 million in loss of purchasing power between 2013/14 and 2017/18. This spending is heavily dependent on national government transfers, accounting for 89.2 per cent. In nominal terms, own source revenue declined from Ksh 0.55 billion in 2014/15 to Ksh 0.52 billion in 2015/16 before increasing to Ksh 0.62 billion in 2016/17, then decreasing to Ksh 0.52 billion in 2017/18. The contribution of own source revenue decreased from 7.7 per cent in 2014/15 to 4.5 per cent in 2017/18 while conditional grants increased from 0.2 per cent to 9.7 per cent during the same period (Figure 2b). There is need for enhanced fiscal efforts to accelerate revenue mobilization from both local revenue and conditional grants to fund the social sector spending, which is mostly recurrent.

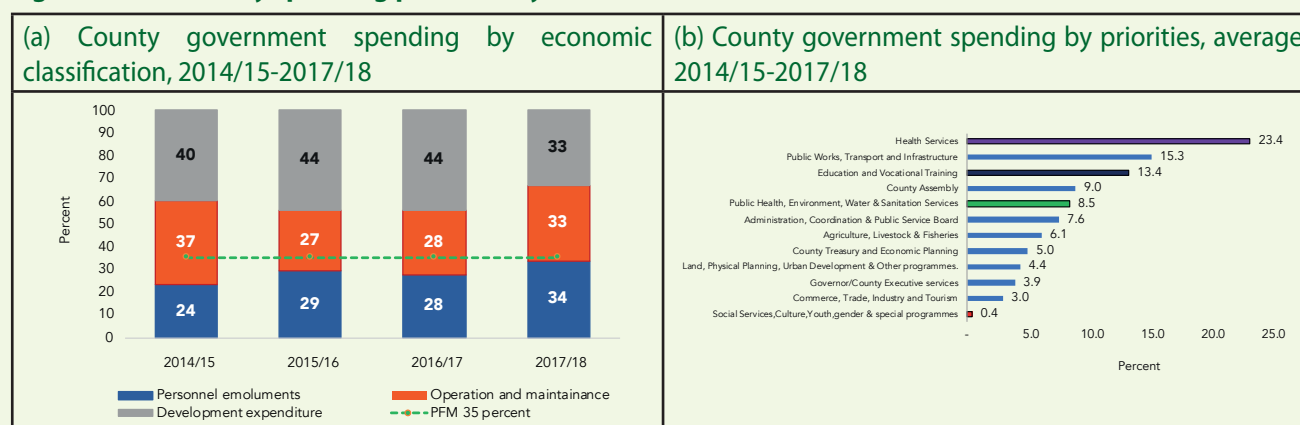
**Figure 2: Kilifi county revenue and expenditure trends, 2014-18**



Source: Office of the Controller of Budget (Various) reports, 2014-2018

The development share of actual spending increased from 40 per cent in 2014/15 to 44 per cent in 2015/16 and 2016/17 before decreasing to 33 per cent in 2017/18. The recurrent expenditure, constituted of personnel emoluments and operations and maintenance, accounted for in excess of 50 per cent of the county government spending throughout the period. Wages alone ranged between 24 per cent and 34 per cent annually during the review period (Figure 3a). This reflected compliance to the Public Finance Management (PFM) Act 2012 provision that ceils development spending at a minimum of 30 per cent of total budget between 2014/15 and 2016/17 and non-compliance in 2017/18. The county further complied with Regulations 2015, which require that not more than 35 per cent of the county's total revenue should go to payment of wages and salaries (Figure 3a).

**Figure 3: Kilifi county spending priorities by economic and administrative classification, 2014-18**



Source: Controller of Budget reports, 2014-2018

Over 51.8 per cent of the total county's expenditure in the review period was spent on health, education, agriculture, nutrition, child protection, youth and women, water and sanitation. These sectors are regarded as being more sensitive to the needs of children, youth and women.

### 3. ANALYSIS OF SOCIAL SECTOR SPENDING

#### 3.1 Health

##### 3.1.1 Health sector priorities

During the period 2013-2017, the county outlined key priorities that targeted children, youth and women. The sector's priorities included: improving the quality of health services in existing facilities by equipping and improvement of human resource base; improving working conditions to attract more specialists; expanding Kilifi medical training centres; reduce HIV/AIDS prevalence to 3 per cent; and increase immunization coverage to 90 per cent, ante-natal clinics (ANC) visits by pregnant women to 60 per cent, skilled birth attendant during delivery to 46 per cent and contraceptive acceptance to 65 per cent.

Skilled birth attendance coverage in the county improved from 67.9 per cent in 2014 to 75.2 per cent in 2015, declining to 46.3 per cent in 2017 but later increasing to 69.4 per cent in 2018. This can be partly explained by the introduction of free maternity services in 2013. The rates were, however, better than the national averages in the review period with an exception of 2017. The proportion of pregnant women who attended at least one ante-natal clinic (ANC) visit during pregnancy was generally better than the national rates in the review period, with an exception of 2017. In 2018, the rate was 6.2 per cent better than the national average. Besides, the proportion of pregnant women who attended at least four ANC visits during pregnancy improved from 46.5 per cent in 2014 to 50.0 per cent in 2015 and declined to 23.8 per cent in 2017 but improved to 51.1 per cent in 2018. The rates were all better than the national averages in the review period with an exception of 2017. Maternal mortality rate per 100,000 live births was estimated to be 290 compared to the national average of 495 in 2016.

The proportion of children under one year who fully got immunized improved from 76.0 per cent in 2014 to 92.3 per cent in 2015 and declined to 57.6 per cent in 2017 but improved to 75.4 per cent in 2018. Still births in the county increased in the review period from 28.3 per cent in 2014 to 35.3 per cent in 2017 but only declined to 25.9 per cent in 2018. In 2018, immunization and still birth rates were higher than the national averages. Other vaccines (DPT/Hep+HiB3) dropout rates were more in 2017 at 13.3 per cent above the national average of 10.1 per cent and less at 2.4 per cent in 2018 against the national average of 4.0 per cent. Under five mortality per 1,000 live births was estimated to be 53 against the national

**Table 2: Kilifi county selected health sector performance indicators**

Selected Health Indicators	2014		2015		2016		2017		2018	
	County	National	County	National	County	National	County	National	County	National
USMR (death per 1,000 live births) 2016 Estimate	-	-	-	-	53.0	79.0	-	-	-	-
MMR (death per 100,000 live births) 2016 Estimate	-	-	-	-	290.0	495.0	-	-	-	-
Skilled birth attendant coverage (%) (source: DHIS2)	67.9	53.5	75.2	56.9	66.0	59.3	46.3	53.0	69.4	64.9
Proportion of pregnant women who attended at least one ANC visit during pregnancy (%) (Source: DHIS2)	97.4	76.4	95.7	75.4	84.6	76.9	73.5	73.7	88.1	81.9
Proportion of pregnant women who attended at least four ANC visit during pregnancy (%) (Source: DHIS2)	46.5	35.9	50.0	39.7	44.8	39.8	23.8	32.6	51.1	48.7
Proportion of children under one year who are fully immunized (%) (Source: DHIS2)	76.0	70.2	92.3	75.7	80.3	72.4	57.6	65.9	75.4	77.0
DPT/Hep+HIB3 dropout rate (%) (Source: DHIS2)	5.9	6.8	6.1	7.2	6.0	6.6	13.3	10.1	2.4	4.0
Still Birth Rate. (Source : DHIS2)	28.3	29.3	28.2	22.6	26.4	21.5	35.3	22.6	25.9	20.4

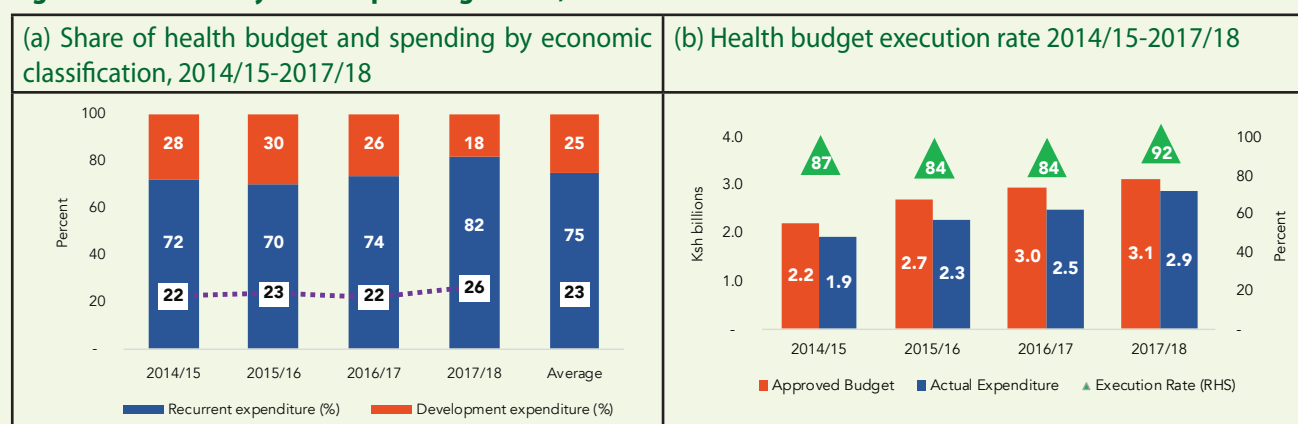
Source: Ministry of Health (2018), Demographic Health Information System (DHIS)

average of 79 in 2016. There is need therefore for continued sensitization on availability of and importance of maternal services.

### 3.1.2 Health budget and expenditure

The share of the health budget in the total county budget allocation increased from 22 per cent in 2014/15 to 26 per cent in 2017/18 with a decline of 22 per cent in 2016/17. It comprised 75 per cent recurrent and 25 per cent development expenditures (Figure 4a). The actual expenditure expanded from about Ksh 1.9 billion in 2014/15 to Ksh 2.9 billion in 2017/18. The absorption rate declined from 87 per cent to 84 per cent between 2014/15 and 2016/17 before increasing to 92 per cent in 2017/18. This is attributable to failure by the exchequer to release the full amount approved in the health budget.

**Figure 4: Kilifi county health spending trends, 2014/15-2017/18**



Source: Office of the Controller of Budget (Various) reports, 2014-2018

### 3.1.3 Health sector medium term expectations

During the period 2018-2022, the county has prioritized to: improve access and availability of adequate safe blood and blood products; renovate, construct and equip health facilities in different parts of the county; purchase utility vehicles for the sub-county and county referral hospitals; hiring of more health workers in select sub-counties; curbing the prevalence of HIV/AIDS; and promoting and enhancing access of family planning services.

## 3.2 Education and Vocational Training

### 3.2.1 Education sector priorities

County governments are responsible for Early Childhood Development Education (ECDE) and youth polytechnics, which are part of Technical Vocational Education and Training (TVET) as per Schedule IV of the Constitution of Kenya 2010. Between 2014/15 and 2017/18, the county education sector focused on improving enrolment and enhancing the quality and access to Early Childhood Development and Education (ECDE) and youth polytechnics. Furthermore, in collaboration with the national government aimed to improve enrolment and learning outcomes at primary, secondary and tertiary education.

**Gross ECDE enrolment rate increased from 81.2 per cent in 2014 to 127.1 per cent in 2018 while net enrolment rate (NER) decreased from 79.0 per cent to 64.7 per cent during the same period.** This was generally higher than the national averages of 94.4 per cent for GER and 63.5 per cent for NER, indicating that more children joined ECDE in the county following the devolution of ECDE function to counties. More girls enrolled in ECDE than boys in Kilifi county, hence depicting inequality in access to education in favour of girls as shown in Table 3.

**Table 3: Kilifi county selected education sector performance indicators**

Pre-primary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	81.2	73.6	127.1	94.4
Net enrolment ratio (%)	79.0	71.8	64.7	63.5
Male (%)	77.6	73.4	61.1	62.5
Female (%)	80.4	70.2	66.0	65.0
School size (Public) (Pupils) (Average)	97.0	75.0	129.0	85.0
Gender parity index (value)	1.0	1.0	-	-
Pupil-teacher ratio (No.) (Public)	42.9	31.0	35.0	31.0
Proportion of enrolment in private schools (%)	30.7	31.5	33.0	33.0
Primary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	109.0	104.0	105.9	107.2
Net enrolment ratio (%)	84.0	88.0	72.9	82.4
Male (%)	81.0	86.0	69.3	81.7
Female (%)	87.0	90.0	76.1	83.0
School size (Public) Average No. of pupils	409.0	338.0	470.0	375.0
Gender parity index (Value)	1.0	1.0	-	-
Pupil-teacher ratio (No.)	50.0	42.0	48.0	40.0
Proportion of enrolment in private schools (%)	13.0	16.0	14.0	16.0
Secondary School	2014-County	2014-National	2018-County	2018-National
Gross enrolment ratio (%)	37.8	58.7	44.3	66.2
Net enrolment ratio (%)	26.0	47.4	20.4	37.5
Male (%)	27.6	49.6	22.7	35.4
Female (%)	24.4	45.2	17.7	39.8
School size (Public)	-	-	415.9	392.0
Gender parity index (value)	0.8	0.9	-	-
Pupil-teacher ratio (No.) (TSC)	38.0	30.0	35.0	32.0
Pupil-teacher ratio (No.) (TSC and BOM)	20.5	20.2	20.0	20.0
Proportion of enrolment in private schools (%)	48.7	30.7	11.9	5.8

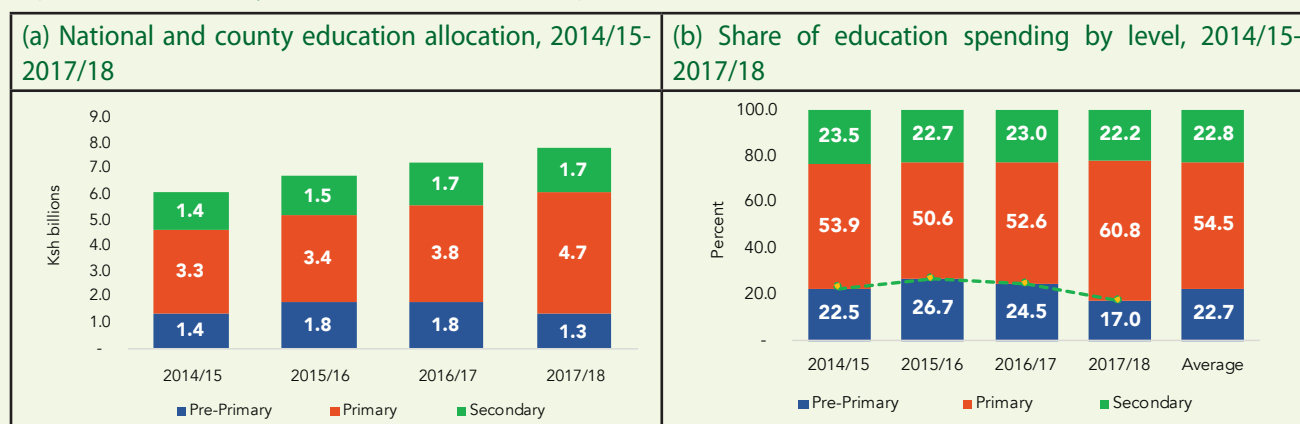
Source: Ministry of Education (Various), Education statistical booklets, 2013-2018

**Gross primary and secondary enrolment rates stood at 105.9 per cent and 44.3 per cent in 2018, respectively. Net enrolment rate (NER) decreased from 84 per cent to 72.9 per cent for primary school and from 26.0 per cent to 20.4 per cent for secondary school during the same period.** In 2018, the county performed below the national GER and NER averages. There was inequality in access to primary and secondary education between male and female school-going children in favour of girls at primary school level and more boys than girls at secondary level as shown in Table 3. In 2018, there were 26 accredited vocational centres in the county.

### 3.2.2 ECDE budget and expenditure

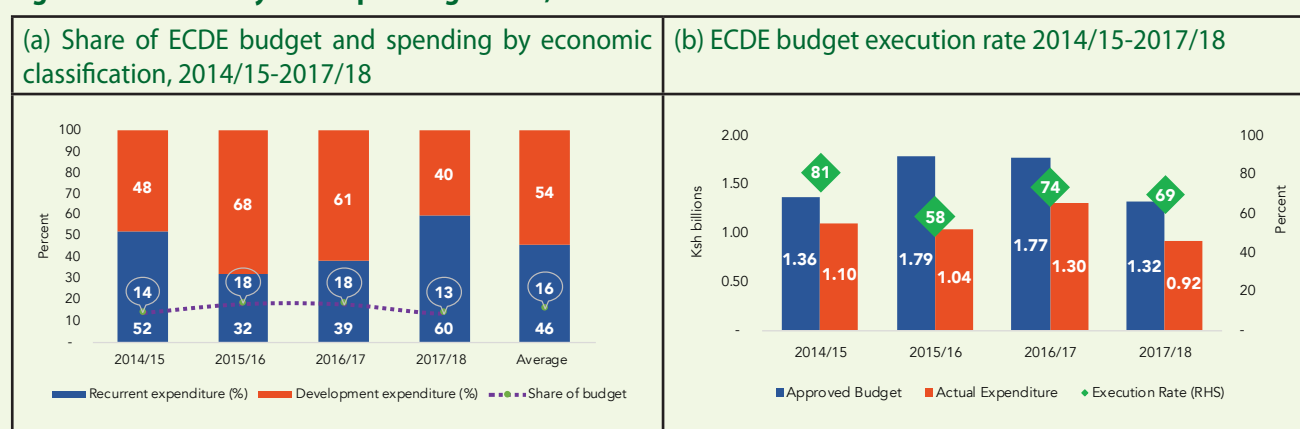
The share of ECDE budget in the total county budget allocation increased from 14 per cent in 2014/15 to 18 per cent in 2015/16 before decreasing to 13 per cent in 2017/18. Total spending on ECDE decreased from Ksh 1.1 billion in 2014/15 to

**Figure 5: Kilifi county basic education spending trends, 2014-18**



Source: National Treasury (Various), IFMIS

**Figure 6: Kilifi county ECDE spending trends, 2014-18**



Source: Office of the Controller of Budget (Various) reports, 2014-2018

Ksh 1.04 billion in 2015/16 before increasing to Ksh 1.3 billion and later decreasing to Ksh 0.92 billion in 2017/18 (Figure 6b). Spending comprised of, on average, 54 per cent development expenditure and 46 per cent recurrent expenditure during the period (Figure 6a). The absorption rates fluctuated between a maximum of 81 per cent in 2014/15 and a minimum of 58 per cent in 2015/16.

### 3.2.3 Education medium term expectations

The county government in the period 2018 - 2022 aims to continue investing in ECDE and vocational training through infrastructural development and equipping of facilities, employment of staff, providing bursaries, provision of sanitation facilities and enhanced school feeding programme. To achieve these objectives, the county will require to partner with the national government and the private sector.

## 3.3 Water and Sanitation

**The County Integrated Development Plan (CIDP) 2013-2017 outlined key priorities for both the water and sanitation sub-sectors.** For the water sub-sector, the county sought to increase coverage of water supply services in the county by 75 per cent during the period. For the sanitation sub-sector, the county targeted: increasing the provision of solid waste management services; maintenance of a hygienic living environment; improving construction and maintenance of sanitation facilities; controlling air, land and water pollution; and improving rainwater management.

Access to improved water was recorded at 78.0 per cent of the population against the national average of 72.6 per cent. The population within the service area of water utility (company) decreased slightly from 80 per cent to 79 per cent between 2014 and 2018. The proportion of population covered or served by the utility declined from 62 per cent in 2014 to 57 per cent in 2018. The sector experienced the problem of non-revenue water at about 40 per cent as at 2018, deteriorating from 39 per cent in 2014. High non-revenue water denies the water utility revenue to enhance water service delivery and in meeting operations and maintenance costs.

### 3.3.1 Water and sanitation budget and expenditure

**On average, water and sanitation sector received 8 per cent of the total county budget in the review period.** Actual spending increased from Ksh 0.3 billion to Ksh 1.1 billion in 2016/17 before declining to Ksh 0.9 billion in 2017/18. The

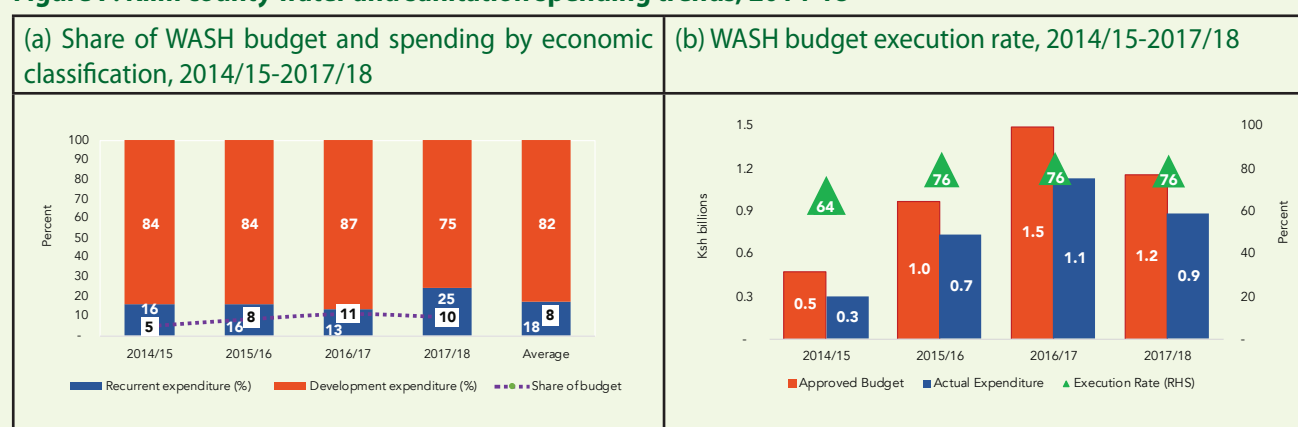
**Table 4: Kilifi county selected WASH sector performance indicators**

Indicators	2014-County	2014-National	2018-County	2018-National
County population within service areas of WSPs (%)	80	*	79	*
Water coverage by utilities (%)	62	53	57	*
Non-revenue water (NRW) (%)	39	42	40	*
Sanitation coverage within utility area (%)	43	69	-	*
Sewerage coverage (%)	-	*	-	*
Access to improved water (%)	78	*	78	*
Access to improved sanitation (%)	70	*	70	59
No toilet facility – Potential open defecation county-wide (%)	15	*	15	8

Source: Kenya National Bureau of Statistics (2014), KDHS 2014; County Integrated Development Plan (CIDP) 2018

spending comprised of 82 per cent development and 18 per cent recurrent expenditures (Figure 7(a)). While the approved budget increased from Ksh 0.5 billion in 2014/15 to Ksh 1.50 billion in 2016/17 before a cut in 2017/18 to Ksh 1.15 billion, the absorption rate increased from 64 per cent in 2014/15 to 76 per cent in 2015/16 and stabilized at the same rate over the review period.

**Figure 7: Kilifi county water and sanitation spending trends, 2014-18**



Source: Office of the Controller of Budget (Various) reports, 2014-2018

### 3.3.2 Water and sanitation medium term expectations

In the plan period of 2018-2022, the county aims to continue with the provision of clean water and solid waste management, organize outreach programmes that will create awareness on sanitation issues, and increase access to decent sanitation.

## 3.4 Child Protection, Youth and Women

### 3.4.1 Child protection, youth and women priorities

**The County Integrated Development Plan (CIDP) 2013-2017 highlighted key priorities for the sector.** For the youth the county prioritized to equip the youth with relevant skills; set aside land for sports activities; solicit sponsorship from the local business community; and formation of income groups. The county would further avail additional resources to support more special interest groups and increase funding for cultural programmes.

**Specifically, on child protection, the county recorded a high number of reported cases of child neglect and abandonment, rising from 2 cases in 2014 to 4,856 cases in 2018.** Similarly, child sexual abuse increased from 6 cases in 2014 to 46 cases in 2018. Cases of child labour increased from 3 to 10 while child emotional abuse cases increased from 1 to 13 between 2014 and 2018. Moreover, there were 167 cases of child trafficking, abduction and kidnapping reported in 2018.

**The county had no records for cases of Female Genital Mutilation (FGM).** The low/non-reporting of FGM to government institutions can be attributed to either the intensive campaigns and initiatives to protect the girl child, or fear by the population to report such cases, and culture that approves such practices.

### 3.4.2 Child protection, youth and women budget and expenditure

The county's allocation to child protection, youth and women declined from Ksh 0.08 billion in 2014/15 to a lowest of Ksh 0.03 billion in 2015/16, increased to Ksh 0.05 billion in 2016/17 but later declined to Ksh 0.04 billion in 2017/18. Absorption rate improved from 56 per cent in 2015/16 to 81 per cent in 2016/17 before declining to 46 per cent in 2017/18. This can



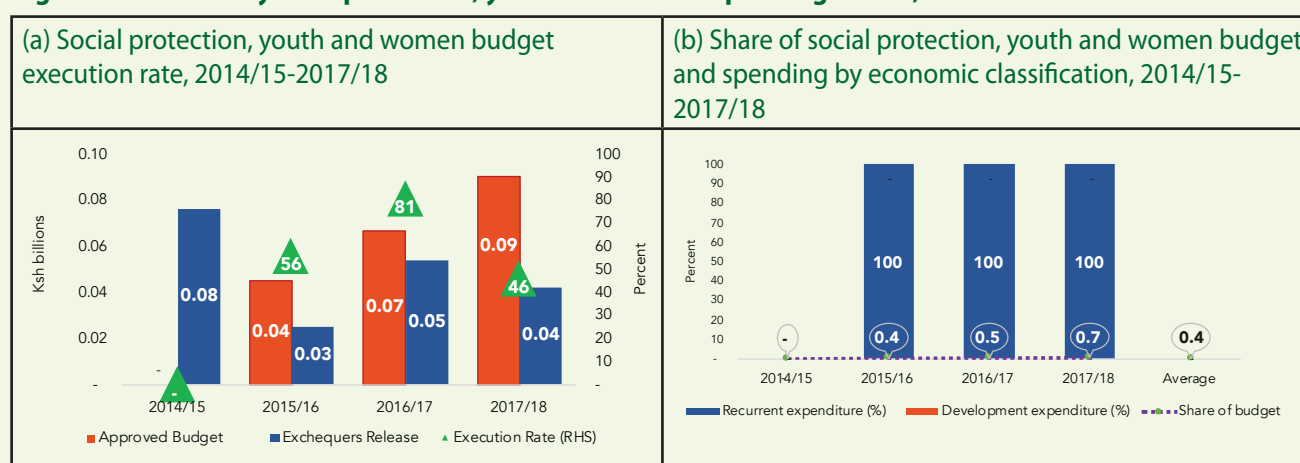
**Table 5: Kilifi county selected child protection performance indicators (No. of reported cases)**

Indicators	2014-County	2014-National	2018-County	2018-National
Child Neglect and Abandonment	2	767	4,856	73245
Child Sexual Abuse	6	636	46	172
Child Trafficking, Abduction and Kidnapping	-	32	17	1022
Child Labour	3	168	10	378
Child Emotional Abuse	1	58	13	853
Child Physical Abuse	-	583	24	2031
Female Genital Mutilation	-	9	-	40

Source: Kenya National Bureau of Statistics (2014), KDHS 2014; County Integrated Development Plan (CIDP) 2018

partly be explained by failure by the county exchequer to release the entire approved budget amount (Figure 8a). All the monies allocated to the sector serviced recurrent expenditure over the review period (Figure 8b).

**Figure 8: Kilifi county child protection, youth and women spending trends, 2014-18**



Source: Office of the Controller of Budget (Various) reports, 2014-2018

### 3.4.3 Child protection, youth and women Medium Term Expectation

Between the plan period 2018 and 2022, the county aims to establish rescue centres for children; rehabilitate cultural centres and establish cultural information centres; establish gender-based violence rescue centres in all sub-counties; provide cash transfers to Persons Living with Disabilities (PLWDs) and Orphaned and Vulnerable Children (OVCs); transfer of conditional and non-conditional cash transfers in collaboration with the World Food Programme (WFP) to the extreme poor; and providing health insurance to the elderly women. With the increasing demand for social protection, there is need to align the county social protection programmes with the national governments' to avoid duplication of the activities while ensuring that the available resources are focused to the relevant beneficiaries.

## 3.5 Nutrition

### 3.5.1 Nutrition priorities

**Promotion of nutrition education and improvement of nutritional status of households to eliminate malnutrition** cases were the focus for the county according to the County Integrated Development Plans for the period 2013-2017.

**Some county nutrition indicators remained relatively low compared to the national indicators according to 2014 data.** Stunting stood at 39.1 per cent of the population, with wasting and underweight children recorded at 4.1 per cent and 16.9 per cent, respectively. Stunting and underweight levels were higher than the National averages of 26 per cent and 11 per cent, respectively. Furthermore, the proportion of households consuming adequately iodized salt in the county was slightly below the national figure and remained lower than the target proportion of 100 per cent. Vitamin A supplementation among children aged 6 to 59 months (49.9%) was low when compared to the target proportion of 80 per cent and 2 per cent below the national coverage in 2014.

**The proportion of overweight or obese women in the county stood at 20.4 per cent, which was better than the national average of 28.9 per cent.** The average Body Mass Index (BMI) of women in the county was 22 (Table 6).

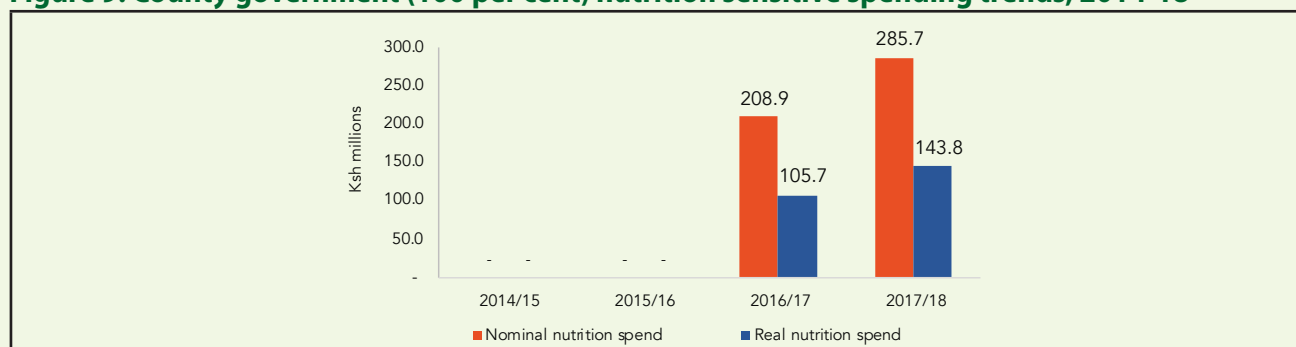
**Table 6: Selected nutrition performance indicators**

Indicators	2014-County	2014-National
Stunted children (%)	39.1	26.0
Wasted children (%)	4.1	4.0
Underweight children (%)	16.9	11.0
Vitamin A supplements coverage	22.2	24.0
Proportion of children aged 6 to 59 months- Received Vitamin A supplement	49.9	71.4
Proportion of children consuming adequately iodized salt.	95.5	99.1
Proportion of households consuming adequately iodized salt.	96.9	99.2
" Household salt iodization (50 – 80 mg/Kg KIO3) (% samples) "	82.0	57.0
Number of Women (BMI)	22.3	23.2
Overweight or obesity among women aged 15 to 49 years.	20.4	28.9

Source: Kenya National Bureau of Statistics (2014), KDHS 2014

### 3.5.2 Nutrition budget and expenditure

Considering 100 per cent nutrition sensitive (direct nutrition interventions) spending, the county did not finance nutrition prior to 2016/17. The county allocated Ksh 209 million for nutrition spending in 2016/17 and Ksh 286 million in 2017/18. There was no clear budgetary allocation for nutrition between the period 2014/15 and 2015/16. The absorption rate was an average of 50 per cent in the two financial years.

**Figure 9: County government (100 per cent) nutrition sensitive spending trends, 2014-18**

Source: National Treasury (Various), IFMIS 2014-2018

### 3.5.3 Nutrition medium term expectations

In the period 2018-2022 the County plans to promote nutrition education and strengthen the Community Units to offer broad based services in order to eliminate malnutrition cases. To realize the objective, the county will be required to increase the share of nutrition sensitive spending which has been inconsistent.

### 3.6 Other Initiatives for the Special Interest Groups

#### Box 1: Key highlights on children, youth, women and PWDs' initiatives

##### a) AGPO

During the period under review, the county reported compliance to the 30 per cent allocation of Access to Government Procurement Opportunities (AGPO) reserved for women, youth and Persons with Disabilities (PWDs).

##### b) Children

The county increased access to primary healthcare services among children. In addition to provision of clean and safe drinking water and sanitation services, the county provides milk for all ECDE children in public schools. In addition, the county built a child protection centre, and constructed more ECDE centres.

##### c) Youth

The county established a youth empowerment programme to realize the potential in them. To supplement this, the county refurbished football pitches; revitalized TVET education to attract more youths; and engaged the youth in programmes that shield them from radicalization.

##### d) Women

The county developed a gender policy and strategy, and establishing a sexual gender-based violence centre. To reduce time spent in search of water, the county increased water access by drilling boreholes, constructing water pans, piping water closer to households and by use of water tracks. In addition, there was an improvement in the number of ANC visits, translating to increased skilled deliveries. Pregnant women were also freely given insecticide treated nets.

##### e) PWDs

The county developed *Mbegu* fund, which not only benefited youth and women but also PWDs.

## 4. RECOMMENDATIONS AND IMPLICATIONS FOR POLICY

A summary of implications for policy and responsible actors is presented in Table 7.

**Table 7: Recommendations and responsible actors**

Sector	Finding	Recommendation	Responsibility
Gross County Product	Kilifi county's economy was largely driven by the service sector, which contributed to 54 per cent of the Gross County Product (GCP) and accounted for 1.5 per cent of the total national GDP as of 2017, ranking 20 <sup>th</sup> among the 47 counties in terms of contribution to GDP.	The county needs to continue supporting and investing in the growth of industries, encouraging tourism, promoting trade, enhancing marketing of their agricultural produce and promoting value addition by creating an enabling business environment to attract more investments in the sectors, and investing in enhancing farmers' capacities in modern agricultural methods, extension services, agribusiness and research.	County Treasury and Planning/ County Executive/Department of Industry, Tourism and Trade
Revenue	The county's own source revenue decreased marginally from Ksh 0.62 to Ksh 0.52 billion between 2016/17 and 2017/18.	To improve the share of its own source revenue, the county should enhance the capacity for own source revenue forecasting and analysis and strengthen measures for tax collection and management.	County Treasury and Planning/ Directorate of Revenue
Health	The county health expenditure increased from Ksh 1.9 billion in 2014/15 to Ksh 2.9 billion in 2017/18. The share of fully immunized children in the county declined from 92.3 per cent in 2015 to 75.4 per cent in 2018.	To reverse this latter trend, the county should prioritize investments in immunization.	County Treasury and Planning / County Department of Health
Education	The budget for Early Childhood Development Education (ECDE) decreased from Ksh 1.8 billion in 2016/17 to Ksh 1.3 billion in 2017/18.	Looking forward, the challenge for the county is to ensure equitable distribution and effective utilization of available resources. In addition, the county should ring-fence ECDE resources so that they are not used for other purposes such as secondary and higher education bursaries.	County Treasury and Planning/ County Department of Education
WASH	Total spending in water and sanitation improved from Ksh 0.3 billion in 2014/15 to Ksh 1.1 billion in 2016/17 and declined to Ksh 0.9 billion in 2017/18.	However, the county needs to invest more in the sector's infrastructure to gain from the water utility revenue that will enhance water service delivery and in meeting operations and maintenance costs.	County Treasury and Planning/ County Department of Water and Sanitation/KIWASCCO
Child Protection, Youth and Women	The county's expenditure on child protection, youth and women fluctuated over the review period, decreasing from Ksh 0.08 billion in 2014/15 to lowest of Ksh 0.03 billion in 2015/16 and increased to Ksh 0.05 billion in 2016/17.	Align the county government social services programmes with national government programmes to avoid duplication of the activities while ensuring that the available resources are focused to the relevant beneficiaries. There is need to prioritize the sector in the future allocations.	County Treasury and Planning / County Department of Culture and Social Services

Nutrition	The county only committed Ksh 209 million in 2016/17 and Ksh 286 million in 2017/18 interventions, which directly contribute to boosting child nutrition, at a time when more than a third (39 per cent) of the children were stunted.	The county should ensure that nutrition-related interventions across several sectors such as agriculture, education and health are budgeted for, with visible budget lines. Moreover, nutrition should be well articulated in the County Integrated Development Plans.	County Treasury and Planning/ County Department of Health and all other sectors, namely: education, agriculture, social protection and WASH.
Budget Execution	The budget execution rates for the ECDE, water and sanitation sector, child protection, youth and women and nutrition were relatively low. The highest WASH absorption rate recorded was 76 per cent between 2015/16 and 2017/18 while that for child protection, youth and women recorded absorption rates at 46 per cent in 2017/18.	To improve budget utilization rates, there is need for the National Treasury to adhere to disbursement schedules by releasing resources on time. On its part, the county should strengthen procurement systems and improve cash flow forecasting.	County Treasury and Planning; All County departments; National Treasury
Disaggregated Data	Due to limited disaggregation of data in expenditure reports, it was not possible to establish how much of the county government budget was spent on crucial social services such as child protection, youth development, disability and gender mainstreaming.	By having standalone budget lines on the listed sectors, the county is better placed to effectively deliver the above-mentioned services, especially to women and girls.	County Planning, Statistics and M&E unit, and Social/Gender Departments

### (Endnotes)

- 1 Gross county product is conceptually equivalent to the county share of GDP. Gross domestic product is a measure of newly created value through production by resident economic agents (in this case individuals, households, businesses, establishments, and enterprises resident in Kenya).
- 2 See, for example, UNICEF (2017) Early Moments Matter, New York: UNICEF.
- 3 Monetary poverty measures the lack of financial means of households to provide its members with basic goods and services deemed necessary for their survival and development. Extreme poverty refers to an income below the food poverty line. Households whose adult equivalent food consumption expenditure per person per month fell below Ksh 1,954 in rural areas and Ksh 2,551 in urban areas were deemed to be food poor. Similarly, households whose overall consumption expenditure fell below Ksh 3,252 in rural areas and Ksh 5,995 in urban areas, per person per month were considered to be overall poor.
- 4 Multidimensional poverty, unlike monetary poverty, captures different deprivations experienced by an individual. In measuring child poverty in Kenya, these dimensions included: health care, nutrition/adequate food, drinking water, sanitation and hygiene, education, knowledge of health and nutrition, housing and standard of living, and access to information. In the analysis, dimensions are measured as binary variables with "1" denoting deprived and "0" non-deprived.
- 5 Base year 2013
- 6 Non-revenue water (NRW) is water that has been produced and is "lost" before it reaches the customer. Losses can be real losses (through leaks, sometimes also referred to as physical losses) or apparent losses (for example through theft or metering inaccuracies)
- 7 Body Mass Index (BMI) is a value derived from the mass (weight) and height of a person. It is expressed in units of Kg/M<sup>2</sup>. Broadly, a person is categorized as underweight if BMI is below 18.5 Kg/M<sup>2</sup>; normal weight: between 18.5 Kg/M<sup>2</sup> and 25 Kg/M<sup>2</sup>; and overweight: 25 Kg/M<sup>2</sup> to 30 Kg/M<sup>2</sup> and obese: over 30 Kg/M<sup>2</sup>.

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